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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		Attorney Docket No. 706715US2	
		First Inventor or Application Identifier Nick Cicone	
		Title Manifold Sensor Retention System	
		Express Mail Label No. EV026308831US as deposited on: 7/31/03	
<b>APPLICATION ELEMENTS</b> See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Specification [Total Pages <u>9</u> ] (preferred arrangement set forth below) -Descriptive title of the Invention -Cross References to Related Applications -Statement Regarding Fed Sponsored R&D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claims(s) -Abstract of the Disclosure  3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>7</u> ]  4. Oath or Declaration [Total Pages <u>2</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed)  i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>  Signed statement attached deleting inventor(s) Named in the prior application, see 37 C.F.R. § 1.63(d)(2) and 1.33 (b).		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)  6. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy  b. <input type="checkbox"/> Paper Copy (identical to computer copy)  c. <input type="checkbox"/> Statement verifying identity of above copies	
<b>ACCOMPANYING APPLICATION PARTS</b>			
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  8. <input type="checkbox"/> 37 C.F.R. § 3.37(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)  9. <input type="checkbox"/> English Translation Document (if applicable)  10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  11. <input type="checkbox"/> Preliminary Amendment  12. <input checked="" type="checkbox"/> Return Receipt Postcard MPEP 503)  13. <input type="checkbox"/> Statement (s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)  14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)  15. <input type="checkbox"/> Other:			
*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).			
16. If a CONTINUING APPLICATION, Check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ <b>FOR CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>17. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code Label <b>24938</b> or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name	Donald J Wallace		
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 16235 U.S. PTO  
 10/631128  
 07/31/03

**24938**

PATENT TRADEMARK OFFICE

Name (Print or Type)	Donald J Wallace	Registration No.	43,977
Signature	<i>Donald J Wallace</i>	Date	7/31/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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**FEE TRANSMITTAL****For FY 2001**Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.**Complete if Known**

<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 750		<b>Application Number</b>	
		<b>Filing Date</b>	
		<b>First Named Inventor</b> Nick Cicone	
		<b>Examiner Name</b>	
		<b>Group / Art Unit</b>	
		<b>Attorney Docket No.</b> 706715US2	

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 03-1800

Deposit Account Name DaimlerChrysler Intellectual Capital Corporation

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- 2.
- ☐
- Payment Enclosed:
- 
- ☐
- Check
- ☐
- Money Order
- ☐
- Other

**FEE CALCULATION**

1. BASIC FILING FEE						
Large Entity Fee	Small Entity Fee	Large Entity Fee	Small Entity Fee	Fee Description		
C de	(%)	Code	(%)			
1001	750	2001	375	Utility filing fee	750	
1002	330	2002	165	Design filing fee		
1003	520	2003	260	Plant filing fee		
1004	750	2004	375	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
SUBTOTAL (1)					750	

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claim	Fee from below	Fee Paid
8	-20** = 0	X 0 = 0	0
Independent Claims	3	- 3** = 0	X 0 = 0
Multiple Dependent		280 = 0	0

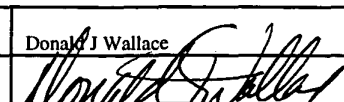
\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202	2202	9 Claims in excess of 20
1201	2201	42 Independent claims in excess of 3
1203	2203	140 Multiple dependent claim, if not paid
1204	2204	42 ** Reissue independent claims over original patent
1205	2205	9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ ) 0

**FEE CALCULATION (continued)**

3. ADDITIONAL FEES						Fee Description	Fee Paid
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)				
105	130	205	65	Surcharge-late filing fee or oath			
127	50	227	25	Surcharge-late provisional filing fee or cover sheet.			
139	130	139	130	Non-English specification			
147	2,520	147	2,520	For filing a request for examination			
112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
115	110	215	55	Extension for reply within first month			
116	390	216	195	Extension for reply within second month			
117	890	217	445	Extension for reply within third month			
118	1,390	218	695	Extension for reply within fourth month			
128	1,890	228	945	Extension for reply within fifth month			
119	310	219	155	Notice of Appeal			
120	310	220	155	Filing a brief in support of an appeal			
121	270	221	135	Request for oral hearing			
138	1,510	138	1,510	Petition to institute a public use proceeding			
140	110	240	55	Petition to revive – unavoidable			
141	1,240	241	620	Petition to revive – unintentional			
142	1,240	242	620	Utility issue fee (or reissue)			
143	440	243	220	Design issue fee			
144	600	244	300	Plant issue fee			
122	130	122	130	Petitions to the Commissioner			
123	50	123	50	Petitions related to provisional applications			
126	180	126	180	Submission of Information Discl. Stmt.			
581	40	581	40	Recording of each patent assignment per property (times number of properties)			
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))			
149	710	249	355	For each additional invention to be examined (34 CFR 1.129(b))			
Other fee (specify) _____							
Other fee (specify) _____							
* Reduced by Basic Filing Fee Paid							
SUBTOTAL (3)					( \$ ) 0		

**SUBMITTED BY**

Typed or Printed Name	Donald J Wallace	Date	7/31/2003	Complete (if applicable)	Reg. Number	43,977
Signature				Deposit Account User ID		